
VALUE-BASED CANCER CARE CRE

NEWSLETTER AUGUST 2020

WHO ARE WE?

The Value-Based Cancer Care Centre for Research Excellence (VBCC), led by Professor Kees van Gool with NHMRC funding, brings together academics, policy makers, cancer control agencies and funding agencies. The VBCC CRE will deliver research on the feasibility and implementation of value-based care to provide cancer care effectively, efficiently and equitably.

Funding in the Australian healthcare system is primarily based on a Fee-for-Service payment system where payments are given for the service delivered. A Fee-for-Service approach sets the incentive for health care providers to increase the volume of services but does little to reward the delivery of coordinated, efficient and equitable treatment for all patients regardless of their socio-economic status.

Globally, there has been a shift from the Fee-for-Service payment model to implementing different payment reforms to provide *value-based care*. This is particularly important in cancer care where timely access to highly coordinated services is vital in delivering better health outcomes. The goal of this CRE is to provide evidence to inform the implementation of health funding reform for cancer care in Australia. We are working with policymakers, patients and health professionals to investigate the barriers and enablers to funding reform and will build workforce capacity in this field of research.

Key achievements thus far:

- ✓ Stakeholder meetings to discuss current value-based cancer care initiatives and priorities.
- ✓ Establishing the Policy Observatory to provide a public platform for the dissemination of national and international research on value-based payment reforms in oncology.
- ✓ Commence research to understand the implications of policy changes on patient outcomes and provider response.
- ✓ Commence research to understand the variation in the patterns of cancer care and cancer care costs across geographic regions and socio-economic groups.
- ✓ Welcome Dr Dan Liu to the research team and Ms Nikita Khanna as our part-time CRE program manager and first PhD student.

KEY MESSAGES FROM STAKEHOLDER CONSULTATION

The main messages we received from the Stakeholders were:

- ✓ There is widespread recognition that current funding arrangements are broken and not supporting optimal cancer care.

- ✓ There is a great deal of interest in the use of bundled payments as a potential alternative funding mechanism for some parts of cancer care pathway.
- ✓ The lack of relevant data applicable to Australia (which this CRE is designed to overcome) is an impediment to the implementation of value-based cancer care. Highlighted were the lack of comprehensive information across public and private institutions, a lack of clarity of out of pocket costs, the lack of information about equity and the low relevance of overseas evaluations to Australia.
- ✓ There is a wide variety of problems that bundled payments are hoped to resolve and the importance of patient preferences was highlighted.
- ✓ Several institutions are involved in the generation of new datasets (see Data to watch)

NEW AND UPCOMING

a. MADIP:

The Multi-Agency Data Integration Project (MADIP) by the Australian Bureau of Statistics (ABS) is aimed towards linking a vast array of Federal datasets including those held by the Australian Taxation Office, Department of Health and Department of Human Services. In our opinion, it is Australia's richest source of individual-level information on income, labour market status, social security payments and other socioeconomic characteristics as well PBS and MBS data. (see <https://www.abs.gov.au/websitedbs/d3310114.nsf/home/statistical+data+integration+--+madip> for more details).

MADIP provides researchers with Australian population level data to analyse health equity, out-of-pocket costs, the financial burden of cancer on the patient and the carer/family, impact of cancer on the labour force and many other socio-economic impacts of cancer within Australia. Under the Value-based Cancer Care CRE, we are collaborating with our stakeholders to access and use the MADIP dataset for research.

b. Webinars:

As a part of this CRE, we will host interactive webinars that will focus on the various implications of Value-Based Cancer Care and the process of implementing such a healthcare reform. These webinars will allow researchers, policymakers, and providers of care to share their perspectives on value-based care and keep in touch with current developments in this area. If you are interested in participating, in these webinars, **please register your interest [here](#)**.

CURRENT WORK

a. Policy Observatory:

The Policy Observatory team is currently focussing on clarifying the concept of value-based care. This term is used in multiple ways by policy makers and commentators in different health systems. We are evaluating this through the lens of agent-principal relationships. In particular, the role of payment systems to incentivise providers (agents) to pursue patients' and funders' (principals) values.

To achieve this, we need to understand the different perspectives of “value” to align the meaning of ‘value-based care’ in the complex patient-funder-provider relationships of Australia’s hybrid public-private system.

b. Oncology bundled payments:

Bundled-payment or episode-based payment models have shown promise within cancer care. We are reviewing previous research to analyse the various bundled payment models developed globally. This is allowing us to develop a checklist to inform optimal reporting to assist in transferability of such payment reforms to the Australian setting.

We have also built a repository of information on national and international **payment reforms** within oncology. We believe that this will become an important public resource for all of us working in this field.

c. Empirical projects:

a. Identifying cancer care funding sources and variation:

The Australian health care system is a hybrid public-private system, this leads to variations in costs of cancer care across Australia. We are evaluating the variations in costs of care across Australia by type and stage of cancers.

b. Intended and unintended consequences of changes to Medicare:

Here we evaluate the outcomes for patients and providers due to changes in the policy and the unintended consequences of such changes on patients. We are currently investigating the impact of the **withdrawal** of public financing on provider behaviour and patient outcomes. Our first project will focus on the removal of joint-injection items from Medical Benefits Schedule (MBS) in January 2010. Our team is building on our existing research on the impact of policy change on provider behaviour.

This body of research will also provide real-world evidence for policy makers to make informed and evidence-based decisions about the impact of removing subsidies.

c. Provider incentives in cancer care: the case of oral chemotherapy and subcutaneous anticancer treatment:

In this project, we examine provider behaviour following the **introduction** of oral and subcutaneous cancer therapies. With the new therapies requiring less direct provider supervision, we investigate prescribing behaviour through changes in service volumes and fee revenues.

d. Palliative care:

This study will investigate patterns of health care utilisation and expenditure at the end of life for older people dying from cancer and other life limiting illnesses. The focus will be an examination of variation in access to specialist palliative care services by cause of death and the implications of this for costs of care.

DATA TO WATCH IN VALUE-BASED CARE RESEARCH

During our consultation with the stakeholders of this CRE, we found various Australian healthcare datasets that are important for research of value-based care within Australia. These datasets include:

- STaR- Stage Treatment and Recurrence Program: developed by Cancer Australia, provides population-level data on treatment of cancer from diagnosis by stage of cancer (see here: <https://canceraustralia.gov.au/research-data/cancer-data/improving-cancer-data>)
- 45 and UP study – Accessible via the SAX Institute, provides extensive self-reported health and quality of life information on patients within NSW of age 45 and above. This study is linked to administrative data. (<https://www.saxinstitute.org.au/for-researchers/our-research/>)
- Cancer Registry NSW: Accessible via Cancer Council NSW. (<https://www.cancer.nsw.gov.au/data-research/cancer-related-data/request-unlinked-unit-record-data-for-research/nsw-cancer-registry>)
- Cancer Registry Victoria – Accessible via Cancer Council Victoria, this registry is linked to administrative data. (<https://www.cancervic.org.au/research/vcr/about-us>)